

JAN 13 2003

GAU 3752

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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/922,871
Filing Date	August 6, 2001
First Named Inventor	Cheung
Group Art Unit	3752
Examiner Name	Dinh Q. Nguyen
Attorney Docket Number	609920600018

Total Number of Pages in This Submission 7

## ENCLOSURES (check all that apply)

- |  |   |  |
|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Patent Application<br>Fee Determination<br>Record |
|--|---|--|

Remarks

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TECHNOLOGY CENTER R3700

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

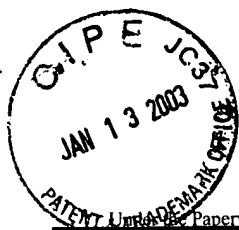
Firm or Individual name	Stephen D. Scanlon Jones Day
Signature	<i>Stephen D. Scanlon</i>
Date	January 8, 2003

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 01/08/2003

Typed or printed name	Kathie J. Kopczyk
Signature	<i>Kathie J. Kopczyk</i>
Date	January 8, 2003

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PTO/SB/06 (08-00)  
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PATENT APPLICATION FEE DETERMINATION RECORD					Application or Docket Number 09/922,871			
<b>CLAIMS AS FILED - PART I</b>					<b>SMALL ENTITY</b> OR <b>OTHER THAN SMALL ENTITY</b>			
(Column 1)		(Column 2)						
FOR	NUMBER FILED	NUMBER EXTRA		RATE	FEE			
BASIC FEE (37 CFR 1.16(a))					\$ 355			
TOTAL CLAIMS (37 CFR 1.16(c))	14	minus 20 =	* 0	x \$ 9 =	-0-			
INDEPENDENT CLAIMS (37 CFR 1.16(b))	2	minus 3 =	* 0	x 40 =	-0-			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))				+ =	-0-			
				TOTAL	355			
* If the difference in column 1 is less than zero, enter "0" in column 2								
<b>CLAIMS AS AMENDED - PART II</b>					<b>SMALL ENTITY</b> OR <b>OTHER THAN SMALL ENTITY</b>			
(Column 1)		(Column 2)		(Column 3)				
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE		
	Total (37 CFR 1.16(c))	* 18	Minus	** 20	= 0	x \$ 9 =	-0-	
	Independent (37 CFR 1.16(b))	* 2	Minus	*** 3	= 0	x 42 =	-0-	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ =	-0-		
				TOTAL	-0-	OR TOTAL		
(Column 1)		(Column 2)		(Column 3)		ADDIT. FEE	ADDIT. FEE	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ =	OR x \$ =	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x =	OR x =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ =	OR + =		
				TOTAL	OR TOTAL	ADDIT. FEE	ADDIT. FEE	
(Column 1)		(Column 2)		(Column 3)		ADDIT. FEE	ADDIT. FEE	
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
	Total (37 CFR 1.16(c))	*	Minus	**	=	x \$ =	OR x \$ =	
	Independent (37 CFR 1.16(b))	*	Minus	***	=	x =	OR x =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))				+ =	OR + =		
				TOTAL	OR TOTAL	ADDIT. FEE	ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1:

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